

## SPECIALTY GUIDELINE MANAGEMENT

### REBIF (interferon beta-1a)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication: Rebif is indicated for the treatment of patients with relapsing forms of multiple sclerosis to decrease the frequency of clinical exacerbations and delay the accumulation of physical disability.

Compendial Use: First clinical episode of multiple sclerosis with magnetic resonance imaging features consistent with multiple sclerosis

All other indications are considered experimental/investigational and are not covered benefits.

##### II. CRITERIA FOR INITIAL APPROVAL

###### A. Relapsing forms of multiple sclerosis

Authorization of 24 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis.

###### B. First clinical episode of multiple sclerosis

Authorization of 24 months may be granted to members for the treatment of a first clinical episode of multiple sclerosis.

##### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

##### IV. REFERENCES

1. Rebif [package insert]. Rockland, MA; EMD Serono Inc.; November 2015.
2. Micromedex Solutions [database online]. Ann Arbor, MI: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed April 25, 2016.
3. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed April 25, 2016.